

of the external iliac. In one case there was slightly decreased blood supply in an already ischaemic limb, but otherwise there were no complications. In the 39 operations of election, 23 by ligation and 12 by suture, there was one recurrence in an early case of separative ligation of an axillary arterio-venous fistula. There was good evidence that following arterial suture the treated vessels remained patent, and arteriograms taken in three cases of popliteal arterial suture confirmed this. One allied officer actually discharged himself from hospital after a popliteal suture, and fought with such distinction at Cassino that he was awarded his country's highest decoration for bravery.

Social and Industrial Medicine

Prof. CHARLES MCNEIL (Edinburgh) read a paper on child life and health which had a medico-political tinge when he declared that in the family the mother ought to be the sovereign power, and her rule almost absolute, but the State, even the democratic State, was beginning to assert itself more firmly, and there were the makings of a conflict between the State and the family.

"The encroachment of the State in the whole life and government of the family must reduce and weaken the responsibility of the mother for the health of her children; and loss of responsibility is likely to be accompanied by a loss of her authority. The crucial question is whether it will or will not promote child health. It may produce healthier bodies. It already has produced better trained minds. It is very doubtful if it will produce more stable and happy personalities. And of these three parts of child health, the greatest is the health of the soul."

The research carried on in Great Britain in problems of industrial health, notwithstanding the difficulties imposed by total war, was related by Dr. DONALD HUNTER (London Hospital) at a special meeting of the Conference held at Rheinfelden Spa. He described work done on factory lighting and ventilation, vocational psychology, prevention of injury, toxicological investigation, industrial lung diseases, and the various new experiences afforded by wartime conditions of employment. Fluorine compounds were particularly interesting, as in one aluminium factory handling *cryolite* some 800 tons a year, much of which was in particulate form and settled on the surrounding fields, were lost to the air. Sheep and cows developed dental fluorosis with gross irregularity of teeth, and some of them died from inanition because of their inability to eat grass. An extensive investigation, not yet complete, of the factory employees and the local residents demonstrated skeletal fluorosis in 28 out of 264 furnace-men examined, but the condition caused no disability even in a man who had been exposed for over 40 years. Blood counts showed no abnormality. The water supply of the neighbourhood contained less than 0.2 parts per million of fluorine.

Surgical Rehabilitation

At a meeting of the Swiss Academy—not technically a part of the Conference—Sir REGINALD WATSON-JONES (London Hospital) gave an account, with cinematograph illustrations, of the work done in this country on surgical rehabilitation. In his story of the orthopaedic service of the R.A.F. he showed what had been done in cases with apparently hopelessly smashed limbs, and he proved by pictures of the victims after their recovery how successful the work of rehabilitation had been. Many of the young fellows who had sustained crash landings had had fractures at many levels—the fractures, numbered sometimes as many as 16 or 18—yet in case after case the same boy a year later was shown in perfectly healthy trim, engaging in vigorous exercises, and apparently all the tougher for his experience. In addition to the fractures there were often severe abdominal and other injuries. He showed a photograph of two fellows who had not a single uninjured limb between them. Entirely new complications of injuries presented themselves. But very many of the men returned to non-operational flying within a year and to operational flying within eighteen months. An analysis of 1,058 cases of fractured spine showed that 914 went back to duty. One photograph showed a number of these men who had had fractured spines engaged in a tug-of-war, having provided from their own musculature something better, said Sir Reginald, than any surgical instrument-maker could provide for them.

These changes, he pointed out, were due to three things—good surgery, good rehabilitation, and good resettlement. The last was as important as the first and second. The old way of resettlement was a financial adjustment in the county court; the new way, through the Disabled Persons Act. Everything must be done to influence the minds of these men in the direction of full restoration. The surgeon should be careful of the words he used in their presence, for in their hours of enforced idleness they were apt to brood over them and possibly to get depressed. Physical exercises were no more than a part of the technique. The important thing was the extent to which the mind of the patient was influenced in the right direction.

An interesting morning was spent by the members of the Conference on visiting the several important chemical factories of Basle. Basle for the past hundred years has been the centre of a chemical industry known all over the world. To have been the birthplace of D.D.T. is its latest claim.

"WORLD MEDICAL ASSOCIATION" CONSTITUTED

INTERNATIONAL CONFERENCE IN LONDON

Thirty-three medical associations in thirty-one countries were represented at a three-day Conference held at the B.M.A. House in London, opening on Sept. 25. The Conference was under the joint auspices of the Association Professionnelle Internationale des Médecins and the British Medical Association, and its general agenda were to discuss the objects of international liaison, the setting up of an international body for the achievement of such objects, and the constitution and immediate programme of such organization. It was unanimously agreed that such an association be constituted, to take the place of the old A.P.I.M., with the objects of promoting closer ties between the various national medical organizations, of studying the problems which engage the profession in different countries, of organizing exchanges of information, and of establishing relations with, and presenting the views of the profession to, the new World Health Organization and U.N.E.S.C.O. The Conference was attended by about 43 full delegates and 32 observers.

It was agreed that the title of the new body should be the "World Medical Association," and an acting committee was set up comprising representatives from Great Britain, Canada, Switzerland, France, Belgium, Sweden, Spain, Czechoslovakia, and Egypt.

Sir HUGH LETT, Bt., President of the B.M.A., who took the chair at the conference, extended a welcome to the visitors and mentioned with special pleasure the presence of a representative (Dr. Chisholm) of the World Health Organization. The B.M.A., he said, had always taken an interest in international co-operation. One of its present activities was the arrangement of visits of lecturers to the Continent where such visits were desired, and it was also launching an abstracting service which would cover world medical literature.

Objects of an International Body

On the proposition of Dr. ALFRED COX (B.M.A.), seconded by Dr. F. MORAN (Irish Free State Medical Union), and supported by delegates from the National Medical Chamber of Poland, the General Council of Colleges of Spanish Doctors, and the Svenska Läkaresällskapet, it was agreed unanimously:

That this Conference express the view that there should be an international organization of medical associations.

A long discussion then took place on the objects of such a body, in particular whether these should be limited to professional and social medicine or should be extended to embrace scientific matters. Dr. J. C. MICHAELSON (Palestine Jewish Association) suggested two functions which such an organization could discharge. One would be to act as a clearing house for the resettlement of refugee doctors. In Great Britain since 1933 between 400 and 500 Jewish refugee doctors had been absorbed, and in America about 5,000 refugee doctors, of whom 2,000 were non-Jewish. Such an organization might make an

inventory of the number of refugee doctors in each country and smooth the absorption rate throughout the world. The other function would be to act as a safeguard against the violation of professional ethics by political doctrinaires and to resist political pressure of every description.

The Polish delegate wanted scientific medicine included among the objects of the new organization. Dr. P. GLORIEUX (La Fédération Médicale Belge) did not see how an international organization could successfully operate in this field. Adequate organizations for dealing with scientific matters, he said, already existed in the several countries. Dr. P. CIBRIE (La Confédération des Syndicats Médicaux Française) was of the same opinion. Every country had its academies. There was more need for an international organization to study the professional problems of the private practitioner, especially in view of the social security legislation which had been passed or was pending in many states. Dr. F. DECOURT (Secretary, A.P.I.M.) also considered that scientific medicine was sufficiently well served. The aim of an international organization should be to defend the rights of the ordinary practitioner and also of his patients—perhaps to defend them from the designs of their respective governments. A similar view was expressed by Greek and Dutch delegates.

The World Health Organization

Dr. T. C. ROUTLEY (Canadian Medical Association) said that he had recently attended in New York the meeting of 213 delegates from 62 countries who in five weeks had worked out the basis of the World Health Organization.¹ In his opinion the World Health Organization had the opportunity of going a long way towards solving the future problems of the world, but without the medical profession it would be like an electric grid without current. No parliament or national government would do anything with this instrument unless the doctors in every country in the world made it alive. Therefore there was now room in the United Nations for a movement among the combined medical associations parallel with that which had resulted in the World Health Organization. He had no quarrel with the old A.P.I.M., but in the sweeping movement of world events it was no longer adequate. He wanted to see an organization which would signify the unity of doctors all over the world; it should know no geographical boundaries, and should have as its primary objective to assist mankind to attain the highest possible level of health.

After some further remarks from Spanish, Portuguese, and Palestine Arab delegates acclaiming the idea of closer ties between the national medical organizations, Dr. J. A. PRIDHAM (B.M.A.) said that whatever statement of objects was adopted, it ought not to exclude the possibility at some future time of extension into other fields. The B.M.A., he said, undertook scientific as well as medico-political work, and in its scientific work it did not compete with the colleges and academies; on the contrary, these bodies were quite anxious to come into contact with the Association. If the new medical organization were the medical counterpart of the World Health Organization it would be rendering an important and useful service.

The Search for a Formula

Suggestions were made by the British, Canadian, French, Egyptian, and Palestine Jewish delegates for formulae expressing the objects of the new body, and the following form of words was eventually agreed to:

"To promote closer ties among the national medical organizations and among the doctors of the world by personal contact and all other means available in order to assist all peoples of the world to attain the highest possible level of health; to study the professional problems which confront the profession; to organize an exchange of information on matters of interest to the profession, and to establish relations with, and to present the views of the medical profession to, the World Health Organization and the United Nations Educational, Scientific, and Cultural Organization."

Lord HORDER, who attended the conference as an observer for the American Medical Association, said that it was important to bear in mind that any international medical organization which was set up with some degree of permanency, whether inside larger organizations such as W.H.O. or U.N.E.S.C.O.,

or having its own autonomy, should put in the forefront of its objects the promotion of closer ties among the several national medical organizations. It was at his suggestion that this was placed first among the objects.

Dr. CIBRIE (France) said that in his country there was some suspicion of the World Health Organization and of U.N.E.S.C.O.—suspicion which had arisen, he thought, because these bodies had not clearly stated their aims. If it was decided to co-operate with these institutions it should be determined in advance how far that co-operation ought to extend. If the World Health Organization assumed bureaucratic functions, would they still be prepared to co-operate? Prof. GRZYBOWSKI (Poland) contested the implication that the World Health Organization would associate itself with anything which was not in the best interests of the profession. Dr. F. DECOURT, however, supported his countryman. One of the reasons for the establishment of their own body, he said, was to defend medical practitioners whose liberty was being menaced in many countries, and to proclaim in advance co-operation with this new official institution, unless such co-operation were strictly conditioned, would be unwise.

Dr. T. C. ROUTLEY (Canada), as one who had been present at the birth of the World Health Organization, said that he entertained no fears of its intrusion into political affairs affecting the doctor in any part of the world.

Eventually the phrase was agreed to "to establish relations with, and to present the views of the medical profession to, the World Health Organization and U.N.E.S.C.O."

Dr. CHISHOLM, representing the United Nations Organization at the Conference, gave an account of the World Health Organization and its origin. The interim commission, composed of the nominees of 18 States, was at work on the rapid and effective establishment of the Organization. The constitution had been signed by 61 nations, but needed the ratification of a minimum of 26 before it came into being. Under the constitution of the W.H.O. there would be no interference with the practice of medicine in any country. He realized the concern over possible regimentation of the profession; this was in the minds of those engaged in the work of framing the constitution, but there would be no attempt to control the practice of medicine in any way whatsoever. The Organization would help all bodies engaged in securing the better health of the people, and, well aware of its responsibility, it desired the advice of bodies which could speak for the medical profession.

Nomenclature and Constitution

The Conference agreed that the name of the new body should be "World Medical Association." The French, Greek, and Spanish delegates desired to retain the name A.P.I.M., mainly for reasons of sentiment. Mr. SCOTT STEVENSON, one of the observers on behalf of the American Medical Association, said that a good precedent had been afforded by the change from "League of Nations" to "United Nations." One delegate proposed "World Federation of Medical Associations," but it was pointed out that "federation" involved legal complications.

An amendment to retain the name "A.P.I.M." was rejected by 14 votes to 22, and the name "World Medical Association" was agreed to on the motion of Dr. I. C. MICHAELSON (Palestine Jewish Association), seconded by Dr. J. A. PRIDHAM (B.M.A.).

Some discussion took place on proposed functions of the new Organization. Dr. ROUTLEY was anxious that one of its tasks should be to assist and foster medical education, both undergraduate and postgraduate, but the PRESIDENT pointed out that this was approaching the scientific side which had been accepted as somewhat outside the province of the new body. Dr. CHARLES HILL described what the B.M.A. had already done for the furtherance of international medicine, in particular the arrangement for lectures, by invitation, at Continental centres. Dr. O. C. CARTER mentioned the publication of the specialist quarterly journals and the introduction of the new medical abstracting service.

It was agreed that the members of the World Medical Association should be national medical bodies. The question was raised as to the existence in a given country of more than one medical association which might claim a national character. Dr. CIBRIE suggested that in that case the association which

¹ *British Medical Journal*, 1946, 2, 428.

was the more representative should be selected. The criterion for admission might be that the membership of the association included more than 50% of the practising doctors in the country. In France there was only one association. Dr. WIBAUT (Netherlands) pointed out the singular case of Palestine from which two associations were represented at that Conference—the Palestine Jewish and the Palestine Arab. Dr. ALFRED COX suggested that for the time being all who had been invited to attend the present Conference should be accepted as members, and that the membership question should be referred for permanent settlement to the committee which would be appointed. Dr. DECOURT mentioned Switzerland, where there were three national groups which had combined to send one delegate to the present Conference. Dr. LEUCH, the Swiss delegate, however, stated that there was only one medical association in Switzerland, the *Fédération des Médecins Suisses*.

A form of words suggested by Dr. C. HILL was agreed to:

The Medical Associations which are represented by delegates or observers at this Conference shall be eligible for membership, together with any other national or territorial medical association making application which is representative of the medical profession in its country or territory.

It was the desire of some delegates that the matter of the subscription be referred to the provisional committee, but on the motion of Dr. CIBRIE the Conference agreed, by 18 to 11, to fix the subscription. It was fixed accordingly at half the rate which obtained for the A.P.I.M., namely, at 10 centimes Swiss per member of each national group, up to a total of 10,000 members, and 5 centimes per member above the first 10,000, with a maximum of 1,500 francs Swiss whatever the number of members in a group.

A long and rather confused discussion then took place on the appointment of representatives to the Governing Body or Conference. Dr. CIBRIE urged that there should be only one member for each national organization, though the member might be assisted by an expert who should have no vote. He was anxious that all countries should have an equal voting power in the assemblies of the Association, the voting to be by countries, not by the number of delegates attending.

This matter was left for further exploration by the provisional committee, but it was the general feeling of the Conference that each member-association should have two seats on the governing body, and that whatever the number of delegates from national associations, the voting strength should be the same for each country.

Mr. M. LESSOF, who, with a colleague, was attending as an observer for the British Medical Students Association, asked that the committee to be appointed should be recommended to consider as eligible for membership of the Association the Medical Faculty Group of the International Union of Students. This was opposed by the Belgian delegate, Dr. SANDERVOST, who said that the Association was one of qualified doctors, and asked whether any national medical association admitted students to its membership. The French also opposed this recommendation. Dr. PRIDHAM for Great Britain supported it, as also did the Swedish delegate. Eventually it was agreed to recommend to the committee that the Students Medical Faculty Group be admitted as observers, with two representatives, but without a vote.

Secretariat and Committee

It was agreed that there should be two official languages in the Association—English and French—and that there should be a dual secretariat, in London and Paris. Dr. Charles Hill, secretary of the B.M.A., was appointed secretary in London, and Dr. CIBRIE, of the *Confédération des Syndicats Médicaux Française*, secretary in Paris, the appointments to be acting ones until the next Conference.

Dr. T. C. ROUTLEY proposed the appointment of a provisional Committee of nine persons, this committee to be charged with the responsibility of putting into the two languages a draft constitution and bylaws embodying the recommendations made by the present conference. He suggested that it should report back to the constituent associations and finally present its drafts to the first meeting of the World Medical Association, which would be asked to adopt the constitution as the instrument governing its activities.

Mr. H. S. SOUTTAR seconded, and said that behind the new Association would be the "armed force" of British medicine, and particularly of the B.M.A. Prof. J. F. BROCK (South Africa) urged that in forming the committee some regard should be paid to continents other than Europe. The A.P.I.M. suffered to some extent because it was thought of as only a European body.

The proposal having been adopted, a ballot was taken for the election of the committee, and the result was as follows:

Dr. F. DECOURT (France)
Dr. P. GLORIEUX (Belgium)
Dr. DAG KNUTSON (Sweden)
Dr. O. LEUCH (Switzerland)
Dr. J. A. PRIDHAM (Great Britain)
Dr. T. C. ROUTLEY (Canada)
Prof. I. SHAWKI BEY (Egypt)
Dr. L. TORNEL (Spain)
Dr. A. ZAHOR (Czechoslovakia)

It was agreed to recommend that the next Conference be held in Paris, the date and programme to be left to the committee.

Dr. O. RASMUSSEN (Denmark) referred to a report of a meeting of an international scientific commission held at the Pasteur Institute, Paris, on crimes committed by German doctors during the war; it was proposed to institute proceedings. He suggested that a report on the subject be presented to the next Conference. Dr. CIBRIE said that there existed in France an association of doctors of the Resistance movement, in which he had the honour to serve; it was now preparing a "blue book" on German atrocities. Dr. A. ZAHOR (Czechoslovakia) said that during the occupation 1,080 members of the Czech medical profession were lost—250 by execution, 520 as a result of torture, imprisonment, and general ill-treatment, 300 by exile, and 10 by bombardment. The memories of the dead could best be honoured by devoted work for international co-operation in the medical profession. Dr. I. C. MICHAELSON (Palestine Jewish) suggested that the committee should obtain information from its constituent bodies as to the number of refugee doctors still not absorbed and determine the general absorption rate sufficient to give employment to all refugees.

Dr. LEUCH (Switzerland) proposed and Prof. W. DENK (Austria) seconded a vote of thanks to the British Medical Association. Sir HUGH LETT said that it had been a great privilege to preside. If only they could secure international co-operation between the medical men of the different countries they would have gone far towards bringing about the permanent peace they all desired.

The Conference gave an ovation to Dr. Alfred Cox, a veteran of the A.P.I.M., who, notwithstanding his eighty years, had been as energetic as any in the work of the Conference.

B.M.A. DINNER TO THE DELEGATES

The President and Council of the British Medical Association entertained the delegates and observers to dinner at the Savoy Hotel on the first day of the Conference. Sir HUGH LETT presided, and the guests included the President of the Royal College of Physicians (Lord Moran), of the Royal College of Surgeons (Sir Alfred Webb-Johnson), of the Royal College of Obstetricians and Gynaecologists (Mr. Eardley Holland), and the Director of the British Postgraduate Medical Federation (Sir Francis Fraser).

The PRESIDENT, in proposing the health of the visitors, said that the urgent task was to prevent the continuance of so much avoidable suffering in many parts of the world. It was true that the conditions of a healthy and contented life lay largely outside the medical province, in the realms of political and economic affairs; nevertheless, the medical profession throughout the world could do much to alleviate suffering, and the co-operation of medical men of different nationalities would in itself help to promote understanding between nations. The new international association of doctors would also help to bring to fruition the work of the new World Health Organization.

Four replies were made to the toast. Dr. DECOURT recalled that it was in Dr. Cox's office when he was secretary of the B.M.A. that the A.P.I.M. was founded. It soon comprised representatives of 31 nations. Some of its stalwarts were still present among them, but most of those attending the

present Conference were novitiates in medical internationalism. Dr. J. G. BERNER (Norway) prophesied a useful career for the new body in tackling the problems of medical practice in different countries. Dr. T. C. ROUTLEY said that the Canadian Medical Association which he represented numbered rather fewer than 10,000 members, but it recognized no boundaries where the brotherhood of man and the ministry of healing were concerned. The medical profession, in re-establishing world fellowship, could give a lead to other professions and vocations. Dr. J. J. BRUTEL said that among their own sufferings the Dutch people had watched and sympathized with their neighbours on the other side of the North Sea. British example had kept up their own spirits and stimulated their endeavours. He expressed gratitude to Britain for caring for Dutch refugees and also for what it had done since the end of the war to help Holland. He presented to the President a small commemorative plaque bearing the design of the Aesculapian serpent, with the house of the Netherlands Medical Association at Amsterdam as a background.

Prof. J. C. BROCK, in proposing the health of the British Medical Association, mentioned that he started his research career as a Walter Dixon research scholar. He spoke of the gracious spirit in which the B.M.A. had accepted the recent proposals from South Africa. The CHAIRMAN OF COUNCIL (Dr. H. G. DAIN) said that the Association, he hoped, would always be able to play its part on the international stage. They had been watching for some months the politicians trying to hammer out a formula of peace, with little success. He hoped that the medical professions of different countries might seize the opportunity to give a lead, and that other professions, too, would begin to think of world-wide contacts.

GOVERNMENT LUNCHEON TO "WORLD MEDICAL ASSOCIATION" DELEGATES

MR. ANEURIN BEVAN'S "INAUGURATION" SPEECH

The delegates and observers attending the International Medical Conference were the guests of H.M. Government at a luncheon at the Dorchester Hotel on September 26. The Rt. Hon. Aneurin Bevan, M.P., Minister of Health, presided, and was supported by several of the officers of the Ministry. The President, Chairman of Council, and other officers of the British Medical Association were also among the guests.

Mr. ANEURIN BEVAN congratulated the company on having brought to birth this interesting infant, the World Medical Association. He also testified his appreciation of the initiative and imagination shown by the British Medical Association in summoning the Conference.

"The British Medical Association has many virtues; I shall not this afternoon make any reference to its faults. When it leaves the field of inevitable controversy and is able to set aside any subjective predispositions, it takes an objective and scientific and philanthropic interest in the development of medicine all over the world."

The birth of new organizations was always important. On such occasions persons in his position were expected to produce abstract generalizations, often prosy and boring. He would resist that temptation, but he could not neglect taking advantage of the opportunity of pointing out that there was no more important contribution that citizens could make towards universal appeasement than to meet each other as fellow craftsmen and as members of the same profession. When politicians got together all kinds of friction were likely to arise, but when doctors assembled their concern primarily was not as to who was going to do a particular thing but that the thing should be done.

"It does not matter to the doctor whether his patient be black or white, brown or yellow, communist or fascist, rich or poor. There is in medicine a catholic interest in and dedication to the welfare of mankind, a concern for the individual quite independently of his social group or inheritance, his destination or his origin."

It was therefore of supreme importance, Mr. Bevan continued, that the organization which had been born that day should have a successful beginning and carry with it the continuing enthusiasm of its founders. It was born with one great

advantage, which the British Medical Association would appreciate—it was not within official apron strings. It would work in an atmosphere of complete independence and freedom. Those who were in official positions stood in the background smiling benignly on its activities. It would proceed from infancy to adolescence and manhood without official interference.

At the same time, he hoped the World Medical Association would realize the desirability of working in closest association with the World Health Organization. Their functions would be complementary. That was a characteristically British way of development. It was usual in this country for the start to be made by the amateur. Experimentation in the way of voluntary activity came first and gave rise to a variety of ideas of unequal survival value which competed with one another. Then, when one emerged which commanded general acceptance, the State stepped in and gave it formal expression in legislation. It would be one of the functions of the new organization to try out various ideas and eventually present them to more formal organizations as representing the way in which, in the view of the medical profession, these things should be done. One of the functions of the new organization would be to seek to universalize for all mankind the particular services or arrangements which had proved beneficial in certain areas. He wished it every possible success.

Dr. J. A. PRIDHAM, one of the B.M.A. delegates, in responding, said that it was for each society or group to cultivate international co-operation in its own small field, and it was this that those who had assembled at that Conference were trying to do. For the medical profession this should be an easier task than for most, for sick and suffering humanity had a universal appeal, and "there are no visas or tariffs on the traffic of medical knowledge."

Governments the world over were taking a great interest in medicine—a welcome fact, although introducing a disturbing and unpredictable factor into their way of life. The traditions of medicine were centuries old; State medicine was of recent growth. A doctor practised the art as well as the science of medicine. If he was a pure scientist it would be so much easier to integrate him into the State machine. It was the combination of art and science that made medical practice so fascinating—and so difficult. The raw material of medicine was human beings, not mere collections of bones, nerves, and blood vessels. A doctor, like a scientist, had to acquire a special mental discipline, but also a discipline of the heart. As the Minister had said, all suffering called for help, whether the sufferer were friend or foe, Christian, Mohammedan, or Jew. The doctor served them all. But when the organized State entered in to provide this service new difficulties arose. A new pattern had to be devised, but it must not be allowed to destroy the spirit of the old. They all realized that there must be some arrangement between the State and medicine, but they hoped it would be of the nature of a partnership or marriage, in which each served the good of the other and neither was subservient to the other. It was to be hoped that those whose particular sphere was politics would approach their common problems in the same way as the good scientist or the good doctor—that is to say, by humble, patient inquiry, observing, recording, deducing, and being ever ready when necessary to cast aside old theories and prejudices. Thus perhaps in medicine they might achieve the first really harmonious international society.

Dr. P. GLORIEUX (Belgium), in a further speech in response, after thanking the Minister, proceeded to make a declaration of the democratic faith of his Belgian medical colleagues. The profession in Belgium was firm in its resistance to political pressure. They believed with all their hearts that in a democracy the doctor must remain a free doctor and the patient a free patient.

Mr. H. E. Durham, Sc.D., F.R.C.S., of Cambridge, who died on Oct. 25, 1945, leaving £32,885 9s. 9d. gross, with net personalty £32,825 2s. 4d., bequeathed his real and leasehold property to his wife, and the residue to her for life and then to his children, whom failing: £2,800 stock to the Royal Medical Benevolent Fund, for the benefit of professional persons afflicted with total or partial loss of vision; his railway stocks and shares to King's College, Cambridge; £500 stock to the London School of Tropical Medicine; £600 stock to the Liverpool School of Tropical Medicine.